GENERAL INFORMATION

Applicant’s Name: _____________________________________________________ Birth Date: ____ /____ /____

LAST NAME                FIRST NAME                      MONTH     DAY       YEAR

Complete Address: ___________________________________________________________________________

STREET ADDRESS

Phone: ( _______ ) _____________________

CITY                    STATE              ZIP

E-mail Address: ______________________________________________________________________________

Preferred Name on Name Tag: ____________________________________________________________________

Gender (circle):     Male     Female        Adult T-shirt Size (circle):    S     M     L     XL     XXL

Name of School: ______________________________________ School District: ___________________________

Anticipated High School: ________________________________ Year of Graduation: ________________________

Parents or Legal Guardians: _____________________________________________________________________

Address of Parent or Guardian: __________________________________________________________________

STREET ADDRESS       CITY              STATE              ZIP

Telephone of Parent or Guardian: _________________________________________________________________

HOME        WORK        CELL

E-mail Address: _____________________________________ (or) _____________________________________

For Office Use Only

Date Received: __________________

Deposit Received: ____________

Registration Deadlines
April 1 – Early Bird Applications Due
May 4 – All Applications Due
($100 Deposit due with Application)
May 11 – Program Balance Due

• Apply by April 1, 2016, to receive the Early Bird Discount and pay $500.
• All applicants after that date will pay $550.
• Total program cost covers tuition, room, board, activities and professional staff and educators.
• All applications are due by May 4, 2016, and should be accompanied with a $100 deposit. Please complete ALL information below.

Hosted by Hastings College
hastings.edu/hcsa
I. NOMINATION FORM (to be filled out by counselor or appropriate official):
Please complete one of the two boxes below. Achievement profile attained by the student must be a score of 95% or above from the national percentile of test scores. Approved tests include but are not limited to ACT, SAT, SRA, MAP, MAT, CAT and ITBS, CTBS.

**Most recent standardized achievement test scores in:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade in school when student took the test:</td>
<td></td>
</tr>
<tr>
<td>Total math percentile:</td>
<td></td>
</tr>
<tr>
<td>Total reading percentile:</td>
<td></td>
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<tr>
<td>Total science percentile:</td>
<td></td>
</tr>
<tr>
<td>Total language arts percentile:</td>
<td></td>
</tr>
<tr>
<td>Basic battery composite percentile:</td>
<td></td>
</tr>
</tbody>
</table>

**Duke University qualifying test scores or Belin-Blank Center middle school talent search:**

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAT math score:</td>
<td></td>
</tr>
<tr>
<td>SAT verb score:</td>
<td></td>
</tr>
<tr>
<td>ACT math score:</td>
<td></td>
</tr>
<tr>
<td>ACT English score:</td>
<td></td>
</tr>
<tr>
<td>ACT science reasoning score:</td>
<td></td>
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<tr>
<td>Composite score:</td>
<td></td>
</tr>
</tbody>
</table>

*Please attach a copy of your Duke or Belin-Blank results.*

Number the area of study in order of preference: 1st, 2nd, 3rd, 4th, 5th
(We will do our best to honor your first choice, but the final decision is up to staff.)

<table>
<thead>
<tr>
<th>Area of Study</th>
<th>Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech</td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td></td>
</tr>
<tr>
<td>Robotics</td>
<td></td>
</tr>
</tbody>
</table>

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**STATEMENT OF PARENT/GUARDIAN:**

I approve the school’s release of achievement and aptitude test score information to support the application of my son or daughter to Hastings College Scholars Academy.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date Signed</th>
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<tr>
<td></td>
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</tbody>
</table>
2. PARTICIPATION IN HIGH ABILITY LEARNER (HAL) PROGRAM:

_______________________________________________________________________________________

NAME OF PROGRAM ADMINISTRATOR OR PRINCIPAL

(OR)

3. ONE LETTER OF RECOMMENDATION from a teacher in the area of qualification:

_______________________________________________________________________________________

NAME OF STUDENT       NAME OF SCHOOL

TO THE RECOMMENDING TEACHER:
Please indicate your support of this nomination by describing the unique and specific ways in which the student shows achievement, special ability and/or talent in such pursuits as scholarship, original research or invention, artistic expression or leadership. If the student’s achievement, special ability or talent is not adequately reflected by test scores, please explain how you gauge them. Write in space below or attach a letter.

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

TEACHER’S NAME (PRINTED)       TEACHER’S SIGNATURE

_______________________________________________________________________________________

STREET ADDRESS       DATE

_______________________________________________________________________________________

CITY       STATE       ZIP       PHONE

SEND APPLICATION TO:

Constance Malloy, Ph.D., HCSA Director
Department of Languages and Literatures
Hastings College
710 N. Turner Avenue
Hastings, NE 68901
cmalloy@hastings.edu
(402) 705-9342